

PORTION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>On</i>	<i>32</i>	<i>12/11</i>
FORMALITY REVIEW	<i>BZ</i>	<i>TC3-883</i>	<i>03-21-01</i>
RESPONSE FORMALITY REVIEW	<i>TZ</i>	<i>Jc947</i>	<i>04/11/01</i>

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
-	(Through numeral)..... Canceled	A Appeal
+ Restricted	O Objected

Claim	Date
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Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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